

ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

ZSFG True North Scorecard June 2023

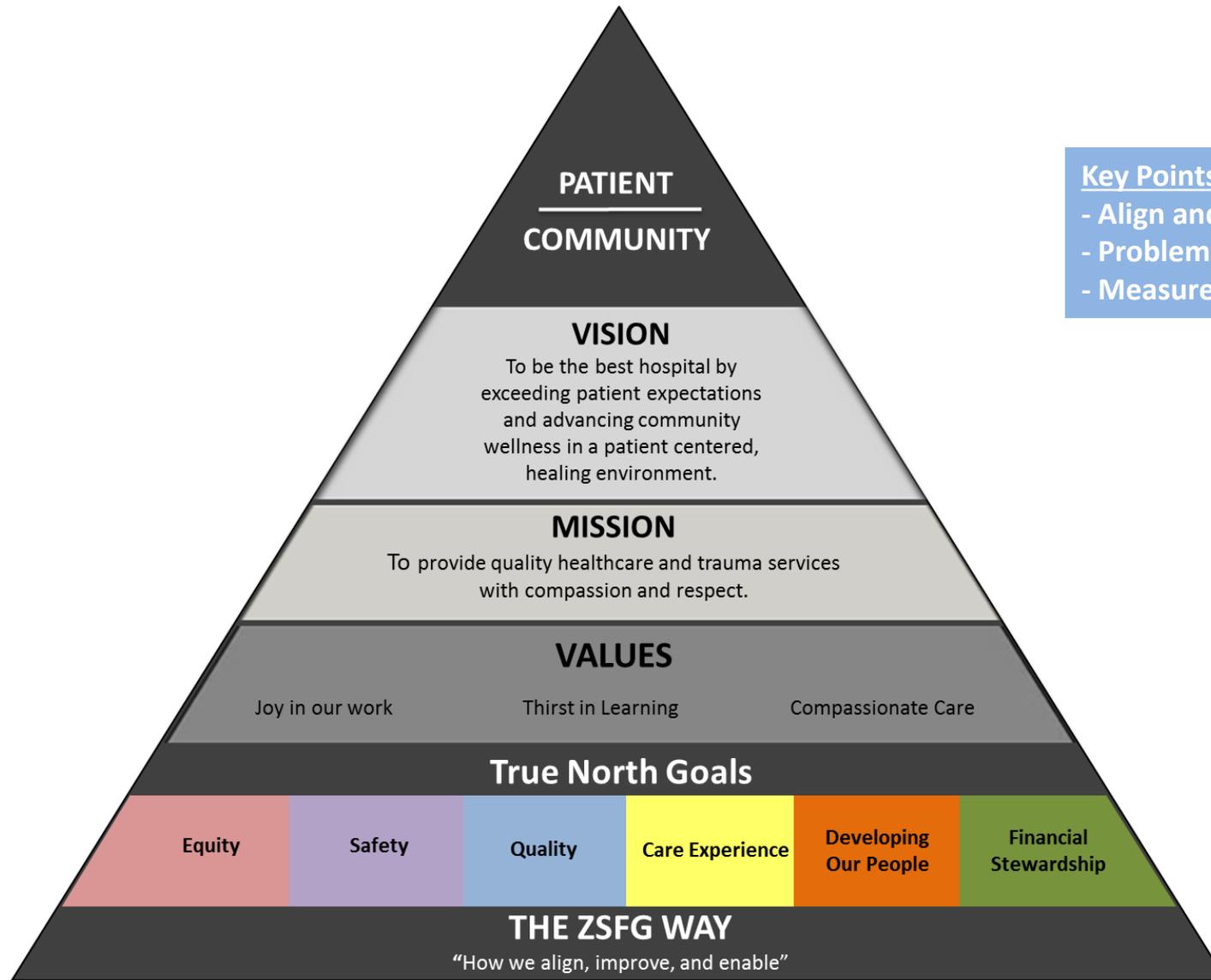


San Francisco Department
of Public Health

Terms

- **Hoshin** – “Policy deployment” a method of strategic planning in which strategic goals are established, communicated, and put to action
- **Incubator** – tool to support strategic A3 development, ensure resources and completion of milestones, prior to deployment
- **Flow** – a continuous stream of work, one by one, non-stop
- **Key Performance Indicator (KPI)** – a metric used to measure success of strategic implementation (12-18 months)
- **True North Outcomes** – 3-5 year metrics that help us understand if we are achieving our True North
- **Catchball** – Structured sharing and conversation to support understanding, feedback and alignment

Strategies for Achieving True North



Key Points:

- Align and focus us on our mission
- Problem solve across our systems
- Measures improvement



True North Scorecard CY 2023
Updated: 06/16/2023
Owner: ZSFG Executive Team
Unit/Dept: ZSFG-Wide

Purpose Statement: To track our performance in achieving True North, using focused driver metrics aligned with organization-wide strategies.

On-Target
Off-Target

True North Strategy Measure	Executive Owner	Measure Unit	CY 22 Baseline ^A	Improvement direction ↑/↓	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CY 23 Year To Date ^A	On-Off-Target	Target CY 23 (unless noted in footnote) ^A
Departments Driving Equity	Ehrlich, Turner	% of departments	63%	↑	25%	60%	75%	67%	50%								56%	Off-Target	65%
⚖️ Achieving Safe & Equitable Patient Care																			
★ Catheter Associated Urinary Tract Infections (CAUTI)	Smith, Winston	Count / 1,000 urinary catheter days	Rate = 1.78	↓	Rate = 1.93 Count = 6	Rate = 1.80 Count = 0	Rate = 2.07 Count = 4	Rate = 2.27 Count = 4									Rate = 2.27 Count = 33	Off-Target	Rate = 2.26
★ Central Line Associated Bloodstream Infections (CLABSI)	Smith, Winston	Count / 1,000 central line days	Rate = 0.92	↓	Rate = 0.91 Count = 1	Rate = 0.82 Count = 0	Rate = 0.91 Count = 1	Rate = 0.91 Count = 0									Rate = 0.91 Count = 10	Off-Target	Rate = 0.77
★ Colon Surgical Site Infections (COLO SSI)	Smith, Winston	Standardized Infection Ratio (Observed/Expected)	Rate = 0.96	↓	Rate = 0.87 Count = 0	Rate = 0.81 Count = 0	Rate = 0.78 Count = 0										Rate = 0.78 Count = 9	On-Target	Rate = 1.62
Hospital Acquired Pressure Injuries (HAPI)	Smith, Winston	Count / 1,000 midnight census	Rate = 0.28	↓	Rate = 0.28 Count = 1	Rate = 0.29 Count = 3	Rate = 0.31 Count = 3	Rate = 0.32 Count = 1									Rate = 0.32 Count = 25	Off-Target	Rate = 0.20
Falls with injury (med surg, 4A, ED, inpatient psych)	Smith, Winston	Count / 1,000 midnight census	Rate = 0.71	↓	Rate = 0.57 Count = 3	Rate = 0.50 Count = 2	Rate = 0.53 Count = 6	Rate = 0.57 Count = 8									Rate = 0.57 Count = 53	Off-Target	Rate = 0.45

★ = Included in CMS Star Ratings

Footnotes:

Patient Safety metrics are measured and reported on a rolling 12-month calendar, with 1-month lag (COLO SSI has a 2-month lag);

A = **General Funds** are measured and reported on Fiscal Year calendar;

All other metrics are measured and reported on Calendar Year start/end

B = **High risk areas include:** Psych (Inpatient and Psych Emergency), Med-Surg, Behavioral Health Center, Emergency Department, Urgent Care

C = **General Fund** values are not cumulative, but a projected estimate of GF fund spend through the end of the fiscal year based on actual revenues and expenditures at the end of each quarter



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 Harmonizing and Synergizing Access and Flow Across the ZSFG Campus																			
Emergency Department - Ambulance Diversion Rate	Day, Otway	% of time on diversion	63.9%	↓	51.2%	45.1%	43.1%	47.8%	37.3%								44.9%		50.0%
Specialty Care Clinics - Third Next Available Appointment ≤ 21 days	Day, Otway	% of clinics ≤ 21 Days	82%	↑	80%	87%	89%	76%	76%								82%		90%
Department of Care Coordination - Lower Level Of Care Patient Days	Day, Otway	# of patient days	1,315	↓	1,914	1,489	1,534	1,522	1,554								1,603		1,100
 Achieving Safe & Equitable Staff Experience																			
Physical Assaults with Injury	Turner	# per Month	3.1 ^B	↓	0.0	5.0	8.0	6.0	4.0								4.6		2.0
 Revenue Cycle Optimization																			
Denial Rate - Hospital Billing	Bilinski, Boffi	% of Claims Denied	18.6%	↓	15.6%	20.0%	19.6%	18.1%	18.5%								18.5%		17.0%

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TRUE NORTH OUTCOME METRICS																				
★ CMS Star Rating	Ehrlich	# of stars	1 - Star	↑	1 - Star													1 - Star	Off-Target	2 - Star
★ Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	75.3%	↑	77.8% n = 153		Q2 CY 2023			Q3 CY 2023			Q4 CY 2023			77.8%	On-Target	77.0%		
			Asian 69.5%		Asian 72.9% n = 48					72.9%	Off-Target									
			B/AA 71.6%		B/AA 87.5% n = 16					87.5%	On-Target									
			Hispanic 86.6%		Hispanic 88.9% n = 45					88.9%	On-Target									
Likelihood to Recommend Provider's Office to Friends & Family	Ehrlich	% positive responses	77.8%	↑	79.8% n = 7,186		Q2 CY 2023			Q3 CY 2023			Q4 CY 2023			79.8%	On-Target	80.0%		
			Asian 75.1%		Asian 79.3% n = 1,370					79.3%	Off-Target									
			B/AA 75.4%		B/AA 77.2% n = 892					77.2%	Off-Target									
			Hispanic 80.0%		Hispanic 81.5% n = 2,958					81.5%	On-Target									
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑	DPH Staff Engagement Survey (3/1/23 to 3/31/23)														3.75	
			Asian 3.70		Results Expected June/July 2023															
			B/AA 3.54																	
			Hispanic 3.79																	
White 3.53																				
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$78.11M	↓	\$146.47M			Q4 FY23			Q1 FY24			Q1 FY24			\$146.47M (Q3 FY23) ^C	On-Target	\$174M	

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